

We Won't Forget Our Deployed Crew

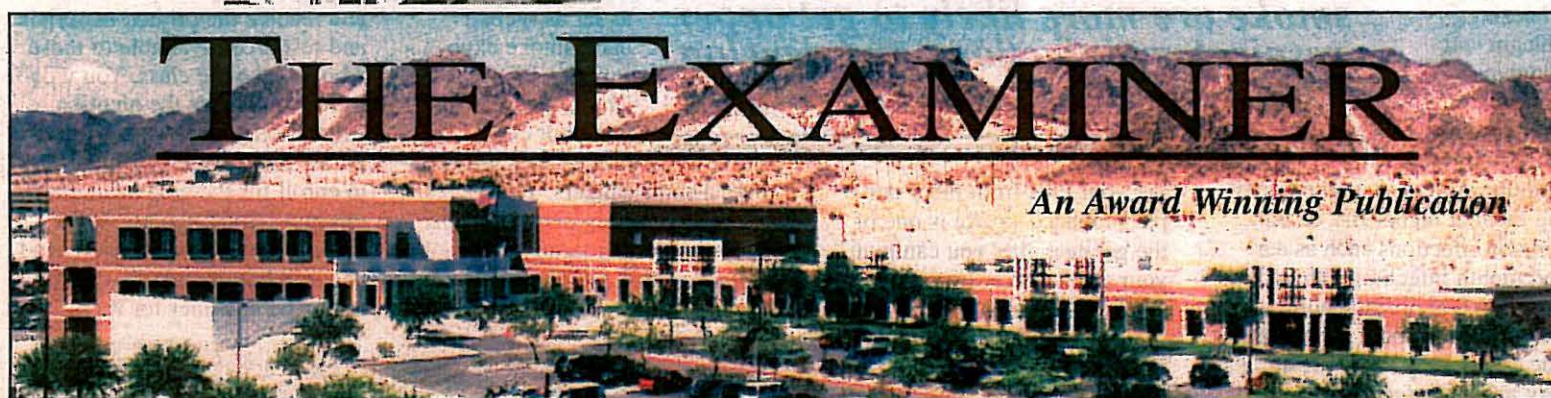


Robert E. Bush  
Naval Hospital

## Happy Birthday Navy Nurse Corps!

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The Naval Hospital  
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May 2, 2000, to honor  
Robert E. Bush



# THE EXAMINER

An Award Winning Publication

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## People of the Quarter Honored At Naval Hospital

The Robert E. Bush Naval Hospital Officer, Sailors and Civilians of the Quarter for the period from Jan. 1 through Mar. 31, were recently selected.

Lieutenant Patricia Lovato, Nurse Corps, was named as the Officer of the Quarter.

Her citation reads in part, "Your dedication and tireless effort in both primary and collateral duty assignments have set an outstanding example of leadership. You fulfilled your primary duties in the clinic in

support of the PCM in the triage and management of patients. As CMEO, you were responsive to staff and tactfully managed a high profile complaint, coordinating a formal command climate survey and developing a plan for corrective action. You increased training record and objectives compliance by 70% in a five month period."



Petty Officer 2nd Class David Toston, Leading Petty Officer for the Prevention Medicine Department was selected as the Senior Sailor of the Quarter.

His citation reads in part,

"While assigned as Assistant Leading Petty Officer Preventive Medicine Department you managed a 1.2 million dollar budget, supplying immunizations to serving nine active duty and 12 reserve units in seven western states. You were also able to recoup over \$300,000 in immunization costs from Global War on Terror funding. You also served as the Senior Member of the Command Color Guard, ensuring that the highest level of honors was rendered five military ceremonies and three funerals. You have completed 88 credits toward a bachelors degree, maintaining a GPA of 4.0. Your outstanding performance and initiative toward a higher level education provide a great example for your peers and subordinates."

Petty Officer 3rd Class Manuel Davila, Nutrition Management Department, was named as the Junior Sailor of the Quarter.

His citation reads in part, "During this time, you consistently performed your duties with the highest degree of pride and professionalism. You

ensured the completion of 100% of command training requirements for 24 galley staff in a timely manner to include the



synthesis of competency folders which was an integral part of the preparation for the 2006 JCAHO inspection. Your tireless enthusiasm was evident as you led the department's involvement in the Crews into Shape health promotion campaign as well as single handedly decorating the Adobe Cafe to market National Nutrition Month. You were a key player

Continued on page 5

## Inside...

Second hand smoke is one of the leading triggers for your child's asthma. If you are an adult with asthma, it is also one of your biggest triggers as well. *page 2*

Just in case you haven't noticed, we are now fast approaching the summer season here... it's important to pay attention to your environment to prevent heat stroke. *page 3*

Caring for ill and dying people, in ancient civilizations right up until the present, was and is the major influence in the development of what nursing is. *page 6*

If you are pregnant or trying to become pregnant, this is the article for you to read. *page 8*

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Here's to your health...

# Kids, Asthma & Tobacco Smoke: What's The Link?

By Martha Hunt, M.A., Health Promotion Coordinator  
Robert E. Bush Naval Hospital

**S**econd hand smoke is one of the leading triggers for your child's asthma. If you are an adult with asthma, it is also one of your biggest triggers as well. Secondhand smoke can damage the lungs by leading to long-term breathing problems or worsening existing breathing problems. There are over 6,000 deaths every year in the U.S. of children under age 5 that are directly related to second hand smoke. That is almost 17 children every day dying because of someone else's tobacco use around them.

Kids with asthma who live in households with smokers:

- \* may have flare-ups more often,
- \* are more likely to have to go the emergency department with severe asthma flare-ups,
- \* are more likely to miss school because of their asthma,
- \* must take more asthma medicine, and
- \* have asthma that's harder to control, even with medication

Even children who don't have asthma are at risk of problems if you smoke around them. Kids exposed to any second hand smoke are more likely to get upper respiratory infections and develop lung conditions including asthma. Also, they are more likely to start smoking in their teen years if they grow up seeing you smoke.

Kids are most affected by secondhand smoke. Because their bodies are still developing, exposure to the poisons in secondhand smoke puts children in danger of severe respiratory diseases and can hinder the growth of their lungs. On top of that, the effects can last a lifetime.

Ventilation systems in homes cannot filter and circulate air well enough to eliminate secondhand smoke. Blowing smoke away from children, going into another room to smoke, or opening a window may help reduce children's exposure but will not protect them from the dangers of secondhand smoke.

Children of smokers are at risk of more than just asthma, they

also develop nasal cancer at high rates. They have reduced lung function and impaired lung & airway growth. This means that they have labored breathing as they grow up including wheezing, phlegm and coughing. Children of smokers have damage to their

immune system as a whole leaving them at higher risk of all sorts of infections such as ear and mouth infections. There are over 300,000 hospital admissions for kids under 18 months due to smoking related respiratory and ear infections. These kids are not smoking, their parents are.

When kids are loosing school days due to infections, colds, asthma attacks, etc, they are then four times more likely to have to repeat a grade and fall behind their friends whose parents don't smoke. Kids in smoking households also have a loss of hearing of softer sounds and are unable to pick out sounds from background noise and remember them. This means that they may not be able to hear their teachers properly and will fall behind their classmates.

Tobacco use by either parent is one of the leading causes of sudden infant death syndrome (SID's). If tobacco use were eliminated as a cause of SID's, it would decrease the number of SID's deaths by at least one third. There are 2,300 SID's deaths in the US every year that are due to second hand tobacco smoke alone and in fact, 1 in 10 deaths in infants under 1 year of age are tobacco related. Tobacco use in the home doubles the risk of SID's.

Even if you smoke outdoors, your kids are still exposed to the over 4,000 chemicals in tobacco and will have 3 times the level of tobacco byproducts in their bodies than kids in families where neither parent smokes at all. Exposure to any level of second hand smoke can con-

tribute to the health risks from second hand smoke. Going outdoors to smoke is helpful, but keep in mind that you are still exhaling smoke for 15 minutes after you return back inside to your kids.

Quitting smoking and protect-

cially in the home or in cars. Smoke clings to your clothing, hair and other surfaces of your home and car and stale smoke alone can trigger your child's asthma. Also, be sure that day care and baby sitters are not using tobacco around your kids.

While your home may be smoke free, not everyone is so careful around kids as far as second hand smoke exposure.

Finally, make sure that your child understands their

own asthma triggers. Teach them to avoid cigarette smoke if they are visiting family or friends so that they are less likely to suffer an asthma attack and

less likely to need more medications that usual to control their asthma.

Health Promotions offers monthly tobacco cessation classes to help you stop smoking. We offer both patches and Zyban, but you must attend class to receive the medications for free. If you don't wish to attend class and want to try to stop smoking on your own, you can still call and receive the printed materials and resources available to those who do take the class. You will have to purchase the nicotine patches on your own, however. Please call 830-2814 if you wish to enroll for the next available tobacco cessation class or for more information. Your kids and you will both breathe a lot easier and be healthier for it!

## *Kids exposed to any second hand smoke are more likely to get upper respiratory infections and develop lung conditions including asthma*

ing your kids from other people's tobacco smoke is one of the greatest gifts you can give your child. Never let anyone smoke around your child, espe-

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### Commanding Officer

Captain Robert J. Engelhart, MSC, USN

### Executive Officer

Captain Dianne D. Aldrich, NC, USN

### Public Affairs Officer/Editor

Dan Barber

### Public Affairs Assistant

HM2 (SW) Erin L. Sjaarda

### Command Ombudsman

Christine Guy -- 1-800-459-0827

Ryalin Hughes -- 1-800-431-0115

Stephenie Jenkins -- 1-800-431-0237

Tiffany Niles -- 1-800-431-3174

The Examiner welcomes your comments and suggestions concerning the publication. Deadline for submission of articles is the 15th of each month for the following month's edition. Any format is welcome, however, the preferred method of submission is by e-mail or by computer disk.

### How to reach us...

Commanding Officer Naval Hospital  
Public Affairs Office  
Box 788250 MAGTFTC  
Twentynine Palms, CA 92278-8250  
Com: (760) 830-2362  
DSN: 230-2362  
FAX: (760) 830-2385  
E-mail: d.barber@nhp.med.navy.mil  
Hi-Desert Publishing Company  
56445 Twentynine Palms Highway  
Yucca Valley, CA 92284  
Com: (760) 365-3315  
FAX: (760) 365-8686





# WBGT Index Available on Hospital Website

By Dan Barber  
Public Affairs Officer  
Robert E. Bush Naval Hospital

**J**ust in case you haven't noticed, we are now fast approaching the summer season here... it's important to pay attention to your environment to prevent heat stroke.

In a recent Combat Center Order, MCAGCC Heat Condition Flag Warning System started as of May 1. To help you, the Robert E. Bush Naval Hospital constantly monitors the 'Mainside' Wet Bulb Globe

Temperature Index (WBGT) in real time making it available on the hospital's internet at [www.nhttp.med.navy.mil/](http://www.nhttp.med.navy.mil/).

The WBGT index consists of a combination of readings from thermometers, providing temperatures for dry, humid and radiant heat. These three temperatures are combined in a standard formula providing a more accurate reading of heat stress intensity, known as the WBGT Index.

Safety concerns with heat and PT are very real, especially in a desert environment. Dehydration is a constant threat when exer-

cising in the heat. Since thirst occurs too late to be a good indicator of excessive water loss from the body, be sure to weigh yourself regularly during hot weather, especially if you're doing a lot of intense physical activity.

There is no specific temperature beyond which you should not exercise. People have become heat casualties even in subfreezing temperatures because they were overdressed. Any circumstances that cause your body's heat production to exceed its capability to cool off will often result in heat stress.

To alert Combat Center members of hazardous heat conditions, the following flags are flown to indicate readings and control physical activity:

**Green Flag** -- WBGT Index Temperatures range from 80-84.9 -- Unrestricted physical activity may be carried out.

**Yellow Flag** -- WBGT Index Temperatures range from 85-87.9 -- Physical activity should be limited to those people who have been exercising in similar heat for a minimum of 10 days or more.

**Red Flag** -- WBGT Index Temperatures range from 88-89.9 -- Physical activity is advised only for members who have been working out in similar heat conditions for a period of 12 weeks or more.

**Black Flag** -- WBGT Index Temperatures range 90 and above -- Vigorous outdoor exercise, regardless of conditioning or heat acclimatization, is not advisable.

Combat Center members should be advised to note the flag, which is indicated on the hospital's web site before begin-

ning outdoor workouts on Mainside in the summer months. For Camp Wilson and Ranges, check with Marine Wing Support Squadron -- 374 (MWSS-374) Weather Office at 830-7809, as geographic locations on the base cause the WBGT Index to vary.

Although you do not have a choice about the characteristics of work clothing or gear, do not use a vapor barrier (rubber) suit as an aide for weight reduction while exercising. Exercising in a rubberized suit may result in severe dehydration and elevate your core body temperature. Wearing these suits also will not help you with your weight reduction program since the decrease in weight is due to a very temporary loss of fluid, not fat loss. If you are required to wear NBC gear or body armor you should add 10 points to the WBGT Index to determine your training activities.

For more information on the WBGT Index call the Hospital's Preventive Medicine Department at 830-2236.

## Room Service Comes to The Naval Hospital!

By Lt. Michael J. Mero, MS, RD  
Nutrition Management Department

Let's face it...very few people enjoy a stay at the hospital. When you are admitted, you think -- "At least I will be able to enjoy a meal I did not have to prepare!"

Well, when is the food actually made to your satisfaction? Sure, the food may be at the correct temperature and served in a timely manner.. but when did it taste good, and more importantly, when did you actually get what you wanted?

Hold on to your hats... you are about to enter a new age in hospital food service. Starting in May, the Nutrition Management Department at the Robert E. Bush Naval Hospital is introducing a new concept in In-Patient meal service -- Room Service! A gourmet menu has been developed to entice your taste buds. Some sample menu items include: A Chef's Special 3-Egg Omelet made to order, homemade Belgian Waffles, Specialty Wraps (your choice of chicken, roast beef, and tuna salad), 4 delectable salad choices, restaurant-style entrees, tasty deserts to compliment your meal, and much, much more!

Each patient's room will be equipped with a menu detailing the instructions on how and when to place your order. Once you place your order, you will receive your food within 30 minutes. What's cool about room service is that you can pick what you want to eat and when you are able to eat it! Also, if you have visitors at a meal time, one guest will also be able to place an order for a nominal fee.

So, we can say 'Good-Bye' to bringing in Carl's Jr., Subway, and Dominoes and say 'Hello' to the Adobe Cafe! The NMD and the Galley Staff are looking forward to offering this Room Service.



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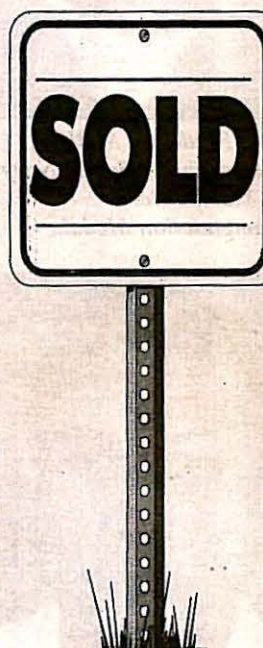
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# Super Stars and Hard Chargers...



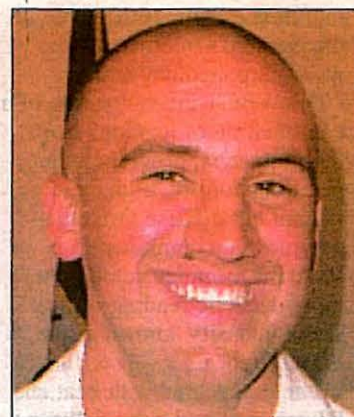
**HM3 Katrina Arzadon, PACU-Recovery, receives a Good Conduct Medal.**



**HMC Wayne Johnson, Military Sick Call, receives a 3-6-9 Certificate.**



**HM3 Mary Holman, Desert Beginnings, reenlists for a period of three years.**



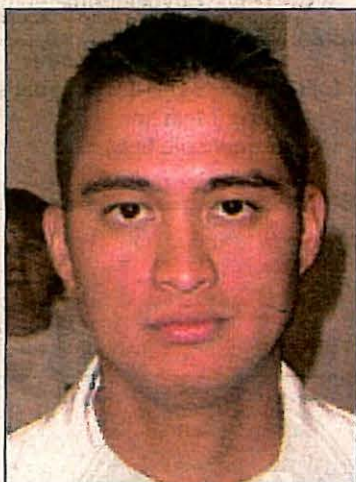
**HM2 Christopher Demetrulias, Military Sick Call receives a Good Conduct Medal.**



**HM2 Amy Hendrick, receives a Good Conduct Medal.**



**HM2 Dawn Smith, Education and Training, receives a Good Conduct Medal.**



**HM2 Fernando Bobadilla, Mental Health, receives a Good Conduct Medal.**



**Lt.j.g. Frederick Matheu, Laboratory, receives a Navy and Marine Corps Commendation Medal.**



**Lt. Cmdr. Eileen Sirois, Obstetrics, receives a Navy and Marine Corps Commendation Medal.**



**CS2 Hugh Johnson, Nutrition Management, receives a Good Conduct Medal.**



**HM2 Michael Sandoval, Military Sick Call, receives a Good Conduct Award.**



**HM1 Juan Johnson, Manpower, receives a Navy and Marine Corps Achievement Medal.**



**HM2 Juan Rodarte, Mental Health, receives a Good Conduct Medal.**



**HMCS Christopher Kramer, Preventive Medicine, receives a Navy and Marine Corps Commendation Medal.**



**Stephanie White, Red Cross Volunteer, receives the President's Volunteer Award.**



**Lt. Cmdr. Michael Rudisile, Family Practice Clinic, is promoted to his current rank.**



**Ensign Elizabeth Angelo, Laboratory Department, is the hospital's newest Bull Ensign.**



## People of the Quarter...

Continued from page 1

in the successful execution of three holiday celebration meals. These events were attended by over 400 patrons and received accolades for the extraordinary food. In addition, you completed the rigorous United States Naval Academy application for consideration for admission



while superbly performing your primary job."

Hospitalman Jared Chiaia, Military Sick Call has been selected as the Blue Jacket of the Quarter.

His citation reads in part, "As a member of the Military Sick Call staff, you demonstrated a positive attitude and exhibited exemplary performance. Your knowledge and professionalism ensured seamless operation and were key in the success within physical exams section. You completed numerous physical examinations and Preventive Health Assessments to maintain a high level of health readiness. You also performed audiometric evaluations to Marines in MCCES and Headquarters Battalion as part of the preventive medicine process for the Hearing Conservation Program."

Ms. Kimberly Pope, Command



Secretary, has been selected as the Senior Civilian of the Quarter.

Her citation reads in part, "Your professional front line interpersonal skills have contributed significantly to the atmosphere and morale within the Command Suite. Your ability to complete tasks before anticipated deadlines and manage the executive calendar provides for exceptional efficiency

at the command level. You eagerly absorbed the workload of your fellow high profile employee despite her unexpected resignation; and then transitioned a new administrative assistant after a 2 month gap. You self-taught the NavFit98A program and completed the Fitness Report cycle for the largest officer fitness report group with minimal administrative errors and well in advance of the required submission date."

Ms. Estela Parker, Medical Clerk, Health Care Operations Department, was named the Junior Civilian of the Quarter.

Her citation reads in part, "While assigned as Medical Clerk, Health Care Operations Department, you consistently performed your duties in an exemplary manner. Knowledgeable, personable, and hard working, you are a vital part of this Command. Outperforming your contemporaries, you encountered more

than 2000 patients. Demonstrating initiative, flexibility and teamwork, you are the first into work and the first to offer assistance to patients and other coworkers. Your customer service skills have directly resulted in increased access to care and increased provider and patient satisfaction. Your pride and professionalism set the standard for management of the Customer Service Desk."



## 2006 Commanding Officer's Cup: 1st Robert E. Bush Naval Hospital Table Tennis Open Tournament

By HMI (FMF) Michael Santos, USN  
Biomedical Equipment / Material Management  
Robert E. Bush Naval Hospital

The first Robert E. Bush Naval Hospital Table Tennis Tournament portion of the 2006 Commanding Officer's Cup was held on March 29. The venue is nestled within the quiet enclave of Staff Education and Training along the financial department of Fiscal and Material Management. This first ever CO's Cup was made possible by the generosity of our Morale, Welfare and Recreation Committee (MWR) chaired by our very own audiologist and avid sports enthusiast, Lieutenant Theresa Luley.

With plenty of space for the paddlers to strut around their deadly forms, eighteen players from various departments in the hospital participated in the tourney. Well represented were Emergency Room, Family Practice, Housekeeping, Internal Medicine, Laboratory, Material Management, Mental Health, Military Sick Call, Multi Service Ward, Nutrition, Operating Room, Pharmacy, Preventive Medicine, Radiology and Warehouse to name a few. Even our own Chaplain James Redmond revealed his secret talent in ping pong as he subdued his opponent in the first and second round. Unexpected heavy turnout of participants took place. It was amazing to watch how the tournament unfolds and brings staff members from different departments in a cohesive performance to play the wonderful sport of Table Tennis. On this day somehow, talent,

concentration and skills were the standard weapons to outmaneuver each other's opponents.

The tournament commenced right after our Commanding Officer, Capt Engelhart did the ceremonial first serve. The contest was intense from the very start of the single round robin elimination. The four-way race to the finals was a delight to the fans and supporters. Every game was hard fought and the spectators were rewarded with excitement and fun for their patience in the afternoon matches of lobs, volleys, backhands, forehands and the dreaded Ping-Pong's world of fierce topspins.

After a grueling one-hour battle which featured more than a dozen deuces, Lt. Timothy Devine of Internal Medicine rallied victoriously to thwart the tenacity of

CS1 (SW) Ricky Monge of Nutrition and advanced to the final round. In the other semifinals, HN Julious Obinwanne of Laboratory, fondly called as Obi, unleashed his awesome form and sailed comfortably through all of his matches defeating HN Jan Patrick Morente of OR in the semis to set up a finals match with Devine.

The battle plan was set to decide the champion. A great game of offense and defense was pursued, tactics changed and endless strikes of drives were unleashed. We witnessed the intense classic style of Obi when he keeps returning the ball repeatedly from Devine's barrage of offensive maneuvers. After a half hour of grueling match and droplets of sweat in the air, Obi emerged triumphant and was crowned the tournament champion. In the battle for the bronze, Morente hurled his revenge on Monge to bag the prized 3rd place trophy.

The paddlers and audience alike commented that this camaraderie was a huge success because it has brought civilian and military staff members together to form a bond that will cross-link all hands in an atmosphere of friendly competition via a sporting event. Due to the paddler's fine showmanship and excellent sportsmanship attitude, the whole tournament went smoothly and made the organizer's job a breeze. Everybody competed well. The success of this event will hopefully attract more players to participate in our future CO's Cup.

Next in line for our command's gladiators will be the battle of the brains, Chess. See you all in the arena. Check!





# Celebrating Nurses Week 2006: A Rich and Varied History

By Commander Kathleen Hewitt, CNM/WHNP  
Robert E. Bush Naval Hospital

**C**aring for ill and dying people, in ancient civilizations right up until the present, was and is the major influence in the development of what nursing is.

In ancient times, nursing was a 'calling' and the care of the sick was related to physical maintenance and comfort, usually by family members or servants. The period of the Middle Ages saw the repression of women and nurses and the rise of the 'witch' phenomenon. In medieval times, nurses were men or women, called deacons and deaconesses. These persons were generally Christians who had offered their life in service to others. They often followed warriors of the Crusades from battle site to battle site, ministering to the injured and dying. As time advanced, these deacons and deaconesses were called to serve in the church, leaving a void for ministering to the sick. Many times, these positions were filled by prostitutes or criminal women who were serving jail sentences. The religious and military roots of modern nursing remain in evidence

today.

Eighteenth-century medicine, which is stereotypically characterized by unhygienic hospitals, and bumbling physicians, barbers, or 'animal doctors', eventually evolved into the humanitarianism of nineteenth century nursing care provided by such pioneers as Florence Nightingale, who is regarded as the founder of modern nursing. She deemed that nursing was an occupation worthy of intelligence and dignity. She held fast to the belief that cleanliness at the bedside was a hallmark of recovery for the patient, as many combat wounds during the Crimean War had become infected simply from the patient lying in filth. She also felt that knowledge was the foundation of a good patient outcome.

During this same period of time, the mid-1800's, Linda Richards and Dorothea Dix, were working to improve the care of the mentally ill.

At the time of the American Civil War, Clara Barton began organizing nurses to provide care to the wounded, and established the American Red Cross, which was responsible for

recruiting women for the Army Nurse Corps during WWI. The motto of the ANC became "American Nurses for American Men".

In 1893, Lavinia Dock, with Isobel Hampton Robb and Mary Nutting, founded the American Society of Superintendents of Training Schools for Nurses of the US and Canada. This organization was very politically active and became the National League of Nursing, which promotes quality nursing education to this day.

The economic depression of the 1930's was a critical time in the history of nursing. Prior to this time, only a few nurses were hired into hospitals. The rest did private duty as semi-independent practitioners. They had their own cases and went into the home to work. With the Depression, hospitals began to employ nurses, and nursing care by trained nurses became the standard for all hospital patients.

World War II brought a resurgence of the military nurse, independent, knowledgeable, professional, and innovative, able to provide nursing care under severe circumstances, in POW camps and on the front

lines. The standards of nursing service were more closely analyzed and elevated. Nursing education post-WWII gradually moved into the universities, and nursing students were no longer "free labor". It was a time of nursing expansion and educational opportunities for women increased.

The introduction of the intensive care unit with the development of new technologies was also a crucial time in the expansion of the nursing role. The new technologies demanded skills for nurses to meet and manage. Prior to this time, advanced education for nurses concentrated on administration and education roles. Starting in the 1970's, newer, specialized skills were needed to meet the technological advances in health care.

Today, there are many different nursing specialties, encompassing care throughout the human lifespan and based on patient needs. Many nurses who choose a specialty become certified in that area, signifying that they possess expert knowledge of the specialty. Nurses practice in a wide range of settings, from hospitals to visiting people in

their homes and caring for them in schools to research in pharmaceutical companies. Nurses work in offices and occupational or industrial health settings, free-standing clinics, physician offices, nurse-run clinics, long-term care facilities, and camps. Nurses work on cruise ships and in military service. They act as advisors and consultants to the healthcare and insurance industries. Some nurses are attorneys and others work with attorneys as legal nurse consultants, reviewing patient records to assure that adequate care is provided and testifying in court.

In 1974, President Nixon proclaimed a National Nurse Week, and in 1982, a joint congressional resolution designated May 6 as National Recognition Day for Nurses. In 1991, the celebration was expanded to National Nurses Week (May 6-12) to accommodate the varied schedules, dedicated commitment, and contributions of over 2.7 million licensed registered nurses, 700,000 licensed practical nurses, 600,000 Home Health Aides, and 1.4 million nurses aides who provide quality health care every day in America.

## Reservists' Health Care Bridge to Civilian Life

By Mark Jecker  
TriWest Healthcare Alliance

**F**or many National Guard and Reserve service members (the Reserve Component) leaving active duty,

TRICARE offers a health care bridge to civilian life.

Reserve Component members and their families may be covered for 180 days of TRICARE health care benefits under the Transitional Assistance Management Program, called TAMP.

TAMP coverage begins on the separation date and provides TRICARE Standard, TRICARE Extra or TRICARE Prime health care coverage.

To qualify for TAMP benefits, Reserve Component members must be:

- \* involuntarily separating from active duty under honorable conditions;
- \* separating from an active duty period of more than 30 days in support of a contingency operation;
- \* separating from active duty following involuntary retention (Stop-Loss) in support of a contingency operation; or
- \* separating from active duty following a voluntary agreement to stay on active duty for less than one year in support of a contingency operation.

Each service branch determines eligibility for these transitional benefits. If separating

Continued on page 7

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# TriWest DVD Provides Help for Troops Suffering from Combat Stress

PHOENIX (April 11, 2006) -- To help ensure that America's troops who are suffering from combat stress get the help they need, TriWest Healthcare Alliance, the Department of Defense contractor administering the TRICARE program in the West Region, has produced a post-deployment support DVD featuring advice, information and encouragement from behavioral health experts.

"With some reports of nearly one-third of our returning service members exhibiting mental health or combat stress-related symptoms, we produced this DVD to help them and their families seek treatment early in an effort to help prevent some of the long-term consequences of combat stress or even PTSD," said David J. McIntyre, Jr., president and CEO of TriWest.

"Combat stress can devastate families, relationships and careers while leaving those who suffer from it feeling helpless and even suicidal. The video helps them understand the nature of combat stress and overcome the stigma of seeking treatment."

TriWest received requests for 80,000 of the 'Getting Home: All the Way Home,' DVDs in the first 30 days they were available.

"This DVD has successfully†demythified†many of the†concerns associated with the behavioral health matters of a soldier's post-deployment," said Karen Meadows-McGraw, the Family Support coordinator for a battalion of the California National Guard. "The DVD provides an opportunity to take a quiet time to listen and absorb some very

vital information. Most importantly, it allows the viewer the privacy that is so important due to the nature of the topic, especially if the listener is currently experiencing some of the symptoms discussed."

The 38-minute Getting Home DVD features behavioral health experts detailing various aspects of combat stress and describes symptoms those suffering from combat stress may exhibit, such as anger, detachment, sleeplessness and night sweats.

"Getting Home" also stresses the importance of getting help early and provides resources and information about treatment options available through TRICARE, the military's health care program, which is ranked as the nation's number-one health program in customer satisfaction.

It is distributed by TriWest to demobilized service men and women in the TRICARE West Region as they return to their families, friends and former lives.

"I was impressed with the DVD. This is the best one I've seen yet on the subject," said Ronald Emerich, Family Programs Professional, Nevada National Guard. "The soldiers' stories are outstanding. The guys coming back are having a hard time coping, and it will really help them to hear these stories and

say to themselves maybe I do have a problem. I'd like to put one in every soldier's demobilization packet."

TriWest has also established a toll-free behavioral health hotline at 866-284-3743 offering service members and their families' assistance 24-hours a day. In addition, TriWest has launched an extensive behavioral health portal at [www.triwest.com](http://www.triwest.com). Getting Home DVDs can be ordered through the Web site.

## Reservists' Health Care...

Continued from page 6

### Coverage and location

Those living in TRICARE Prime service areas may choose the Prime option. Enrollments received by the 20th of the month will be effective at the start of the following month. Remember that an initial enrollment may not be retroactive to the service separation date.

To maintain existing TRICARE Prime coverage, complete and submit a new Prime enrollment form before separation. There is no cost for enrollment during this period. The benefit remains the same as for active duty family members with minimal out of pocket costs.

Those living outside Prime service areas may use TRICARE Standard and TRICARE Extra during the TAMP period and are only responsible for co-payments — 20 percent for TRICARE Standard and 15 percent for TRICARE extra.

Details of all three options are provided at [www.triwest.com](http://www.triwest.com) and [www.tricare.osd.mil](http://www.tricare.osd.mil).

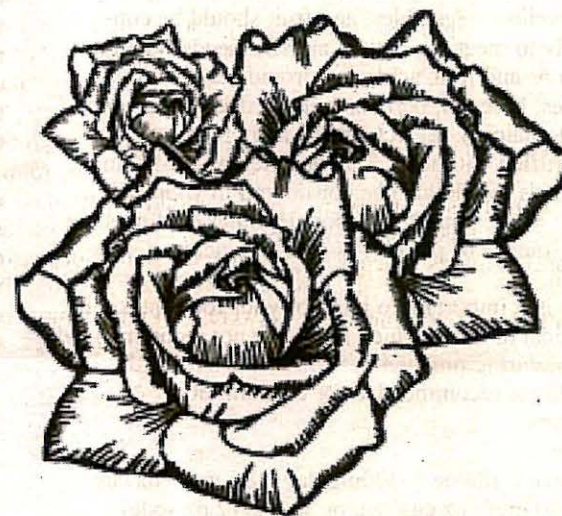
### Temporary Dental Coverage

Former active duty and Reserve Component members eligible for transitional benefits may receive dental care at military dental treatment facilities on a space-available basis. Family members are not eligible for dental care at these facilities.

Civilian dental care is not covered for sponsors or family members under TAMP, but certain Reserve Component members and their families may receive dental care by enrolling in the TRICARE Dental Program (TDP). Contact the TDP administrator, United Concordia Companies Inc. at (800) 866-8499 or at [www.ucci.com](http://www.ucci.com) for more information.

from active duty, contact the nearest service personnel office to verify eligibility

## HAPPY MOTHER'S DAY



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# Nutrition and Lifestyle for a Healthy Pregnancy

By Lt. Michael J. Mero, MS, RD  
Nutrition Management Department  
Robert E. Bush Naval Hospital

If you are pregnant or trying to become pregnant, this is the article for you to read. Pregnancy is a critical period during which good maternal nutrition is a key factor influencing the health of both child and mother. Women need to attain good nutritional status before, during, and after pregnancy to optimize maternal health and reduce the risk of birth defects.

There are a few simple things a woman can do to optimize the health and well-being of their unborn child: consume a variety of foods according to the MyPyramid guidelines, achieve appropriate weight gain, and maintain a healthy lifestyle inclusive of daily physical activity.

## Optimizing Outcome through Good Nutrition

Women should consume a variety of foods according to the MyPyramid guidelines recommended by the United States Department of Agriculture. Whole grains, leafy green and yellow vegetables, and fruit should be consumed daily to meet the critical nutrient needs (vitamin C, vitamin A, and folic acid) and provide enough fiber (i.e. oranges, broccoli, berries, melons, dried beans and peas, and tomatoes). Select cereals and bread products that are fortified with iron. Calcium rich and calcium fortified foods should also be considered in your daily meal plan. Meat, poultry, seafood, legumes, and nuts are important sources of protein, as well as zinc, iron, and magnesium.

Not only is it important to monitor your food intake, it is also critical to know which foods are not recommended to consume during pregnancy. The following list displays foods not recommended for consumption:

- Beverages
  - \* Alcohol
  - \* Excessive Caffeine (>300mg/day ñ 85 mg/5 oz cup coffee, or 30 mg/5 oz cup tea, or 36 mg/12 oz soda)
  - \* Herbal Teas
- Meat, Poultry, or Fish
  - \* Raw or uncooked meats, fish, poultry or eggs
  - \* All other fish should be limited to 12 ounces or less per week. This includes canned tuna.
  - \* Shark
  - \* Swordfish
  - \* King Mackerel
  - \* Tilefish

## Milk and Dairy Products

\* Raw or unpasteurized cheeses or dairy products such as soft cheeses (feta or brie), blue cheese, and Mexican-style cheeses

Other non-food items that should be avoided during pregnancy include tobacco, herbal and botanical supplements, alternative remedies, food additives and ingredients, and vitamin/mineral supplements other than those recommended or prescribed by your doctor, nurse practitioner, or midwife.

Also important in pregnancy is following safe food handling procedures because of one's increased risk of food-borne illness. Just use common sense, keep cold foods cold and hot foods hot. Ensure foods are cooked thoroughly and stored properly. Also, do not mix raw meat products with raw foods. All these precautions and more will help reduce your risk of foodborne illness

## Appropriate Weight Gain

Recommendations for weight gain during pregnancy should be individualized according to pre-pregnancy body mass index (BMI) to improve pregnancy outcome and avoid excessive maternal postpartum weight retention. Generally, women do not need to increase their calories during the first trimester of pregnancy. However, the additional needs during the second and third trimesters are approximately 300 calories/day.

Maternal weight gain must support the products of conception (fetus, placenta, and amniotic fluid) and maternal accretion of tissues (expansion of blood volume and extracellular fluid, uterine and mammary glands, and maternal fat stores).

The following table presents guidelines for prenatal weight gain:

Recommended Weight Gain (pounds)  
 BMI < 19.8 (Low) -- 28-40 lbs  
 BMI 19.8-26.0 (Normal) -- 25-35 lbs  
 BMI 26.0-29.0 (High) -- 15-25 lbs  
 BMI > 29.0 (Obese) -- 15 lbs  
 Other: twin/triplet pregnancies -- 35-50 lbs

It is never safe to lose weight during pregnancy; both you and your baby need the proper nutrients in order to be healthy. If you find yourself gaining too much weight, here are some tips to slow your weight gain:

- \* When eating out, choose lower fat items (broiled chicken, salads with low-fat dressing, and vegetable entrees)
- \* Avoid whole milk products

\* Limit sweet or sugary drinks

\* Do not add salt to foods when cooking ñ salt causes your body to retain water

\* Limit sweets and high calorie snacks

\* Use fats in moderation and prepare meals using low fat cooking methods.

## Exercise Recommendations

During pregnancy, maternal metabolism adjusts dramatically mediated by changes in key reproductive hormones. Therefore, a regular exercise routine during pregnancy will assist in and confer health benefits to both mother and fetus. Healthy women with uncomplicated pregnancies may participate in daily moderate exercise Activities at a low to moderate intensity level are generally safe and may include walking, swimming, running, aerobic dancing, and riding on a stationary bike.

Below are a few guidelines for a safe and healthy exercise program during pregnancy:

- \* First of all, before beginning any exercise routine, seek the advice of a health professional
- \* After 20 weeks, avoid exercises while lying on the back -- this position can impede blood flow
- \* Avoid brisk exercise in hot, humid environments
- \* Avoid exercise if body temperature is elevated
- \* Wear comfortable shoes and clothing
- \* Drink plenty of water to prevent dehydration and overheating -- aim for 8-10 cups/day
- \* Maintain an adequate intake of calories and nutrients
- \* Stop exercising if you have any negative symptoms (dizziness, abdominal pain, uterine contractions, etc.) and contact your prenatal provider.

Pregnancy is a miraculous time in a woman's life and should be taken very seriously. Proper nutritional status, appropriate weight gain, and maintaining a healthy lifestyle through exercise are some of the ways to optimize maternal and fetal health. Prenatal care by a doctor, nurse practitioner, or midwife is also a critical component to your pregnancy. If you should have any questions regarding nutrition in pregnancy, seek the help of a Registered Dietitian.

## Life's Lesson...

You know you're getting old when a night out means going out and sitting on your patio at night!



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